

Yancey County Schools  
Physical Therapy Plan of Care

Student Name:  POC Date

School  Teacher:

IEP Start:  IEP End:  Grade:

Parent/Family:  Contact Info:

Diagnosis:  Precautions:

Goals, Frequency, Duration, Location - See IEP

Student Goals and Interests:

Intervention Approaches:

- Health promotion/ self-determination
- Environmental modification/ adaptation
- Skill acquisition
- Prevention

intervention Types:

- One-on-one intervention
- Exploration/ support of opportunities for participating in general education classes:
- Group
- Exploration/ support of opportunities for participating in extracurricular activities:
- Whole Class
- Consultation/ problem solving with team
- Training for team
- Exploration/ support of opportunities for participating in community programs, work, other:
- Environmental modification/ equipment / adaptation
- Program/ routine development and monitoring
- Other:

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Planned Interventions/ Clinical Approaches:

(please describe specific interventions or approaches)

- Mobility
- Transfers
- Safety
- Adaptation/Equipment/Environmental Modification
- Motor control and coordination
- Neurodevelopmental
- Neuromotor and balance
- Sensory Motor
- Therapeutic Exercise
- Manual Therapy Techniques
- Functional training to improve skills or independence with activities of daily living required at school
- Pulmonary Enhancement/endurance
- Community Access
- Other

Outcome Measures:

- Attain IEP Goals
- Improve team and student performance/ satisfaction
- Increased student competence and / or independence at school
- Prevention of related or further obstacles/ difficulties
- Improved quality of life at school and/or other settings
- Increased participation at school
- Other:

Team discussion or suggestions from/for parent and teachers:

Transition plan/ issues for consideration

Planning for future exit from school-based PT

PT:  Phone:  Email:

Addendum/ updates (include date) :